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## **APPENDIX A**

**GRANT AWARD AMENDMENT**

OES 513 (New 7/04)

GRANT AWARD NO. \_\_\_\_\_

AMENDMENT NO. \_\_\_\_\_

THIS AMENDMENT, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between  
(month) (year)

the **Governor's Office of Emergency Services**, hereafter designated OES, and the following Administrative Agency

\_\_\_\_\_, hereafter called the Recipient.

WITNESSETH: That the Recipient agrees to the amendment of this Grant Award Agreement as specified below:

IN WITNESS WHEREOF, this Grant Award Amendment has been executed by the parties hereto, upon the date written above.

OFFICE OF EMERGENCY SERVICES (for OES use only)		RECIPIENT		
BY (AUTHORIZED SIGNATURE)		RECIPIENT		
PRINTED NAME OF PERSON SIGNING		BY (AUTHORIZED SIGNATURE)		
TITLE		PRINTED NAME AND TITLE OF PERSON SIGNING		
DATE		ADDRESS		
AMOUNT ENCUMBERED BY THIS DOCUMENT \$	PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE	
PRIOR AMOUNT ENCUMBERED FOR THIS GRANT AWARD \$	MATCH			
	ITEM	CHAPTER	STATUTE	FISCAL YEAR
TOTAL AMOUNT ENCUMBERED TO DATE \$	PCA NUMBER		PROJECT NUMBER	
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.			FEDERAL CATEGORY NUMBER	
SIGNATURE OF ACCOUNTING OFFICER			DATE	

## **APPENDIX B**

STATE OF CALIFORNIA  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
**USE OF EQUIPMENT CERTIFICATION**  
OES 074 (REV. 7/04)

## ATTACH TO THE FINAL PROGRESS REPORT

RECIPIENT		GRANT AWARD NUMBER	
PROJECT TITLE			
ADDRESS			
CONTACT PERSON	PHONE NUMBER	GRANT PERIOD	
		FROM	TO

I hereby certify that the following non-expendable property purchased under this grant award will be used for criminal justice related activities or to further the original intent of the grant award.

[illegible]

LOCAL APPROVAL SIGNATURES	DATE	OES APPROVAL SIGNATURES	APPROVED	DISAPPROVED	DATE
PROJECT DIRECTOR		PROGRAM STAFF	<input type="checkbox"/>	<input type="checkbox"/>	
FINANCIAL OFFICER		SECTION CHIEF	<input type="checkbox"/>	<input type="checkbox"/>	

## **APPENDIX C**

## FUNCTIONAL TIME SHEET

ORGANIZATION NAME:

PAY PERIOD:

[illegible]

## CERTIFICATION

Attendance, absences and overtime recorded are accurate, verified and/or authorized in accordance with legal requirements and prescribed directives .

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

## RECONCILIATION

**Notes:**

Hours worked .....

Leave hours .....

Total .....	
-------------	--

Less overtime hours ....

Net Hours .....

## **APPENDIX D**



## REPORT OF EXPENDITURES AND REQUEST FOR FUNDS

FORM 201 (REV. 8/04)

MAIL TO: OES ACCOUNTING  
PO BOX 419047  
RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT	
(2) PROJECT TITLE	
(3) ADDRESS	<input type="checkbox"/> NEW

(4) RECIPIENT AWARD NUMBER	
(5) FEDERAL EMPLOYER IDENTIFICATION NUMBER	
(6) BILLING PERIOD	<input type="checkbox"/> FINAL

(7) CONTACT PERSON
(8) PHONE NUMBER
(9) E-MAIL ADDRESS
(10) FAX NUMBER

CATEGORY	(11) FEDERAL GRANT		FEDERAL GRANT		FEDERAL GRANT		STATE GRANT		STATE GRANT		(12) TOTAL EXPENDITURES TO DATE
(A) PERSONAL SERVICES											
(B) OPERATING EXPENSES											
(C) EQUIPMENT											
<b>TOTAL PROJECT EXPENDITURES</b>											
(D) ADVANCE											
(E) LESS MATCH	%		%		%		%		%		
<b>TOTAL TO BE PAID</b>											

Under penalty of perjury, I certify that I am the duly authorized officer of the claimant herein; this claim is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and Grant conditions; and, this claim is for all approved costs incurred within the Grant Performance Period and/or an advance of funds as provided for in the applicable year Budget Act authority.

(13) TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR		
FINANCIAL OFFICER		

## FORM 201 INSTRUCTIONS

1. **RECIPIENT:**  
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **PROJECT TITLE:**  
Enter the project title as it appears on the approved "Grant Award Face Sheet".
3. **ADDRESS:**  
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
4. **RECIPIENT AWARD NUMBER:**  
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
5. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**  
Enter the Federal Employer Identification Number (FEIN) for your organization.
6. **BILLING PERIOD:**  
Enter the time period for the current payment requested. (e.g. Jan 04, or Jan – Mar 04) Enter an "X" in the "FINAL" box when all expenditures for the recipient have been requested.
7. **CONTACT PERSON:**  
Enter the person to be contacted regarding questions on this claim.
8. **PHONE NUMBER:**  
Enter the phone number for the contact person.
9. **E-MAIL ADDRESS:**  
Enter the e-mail address for the contact person.
10. **FAX NUMBER:**  
Enter the fax number for the contact person.
11. **FEDERAL GRANT / STATE GRANT:**  
Enter the acronym (see chart below) for the Federal grant OR State program to which the activity applies in the column heading. Enter the current expenditures by category for the funds requested and the applicable match. Enter the amount of advance requested or to be withheld, as applicable.
12. **TOTAL EXPENDITURES TO DATE:**  
Enter the Total Expenditures to Date (including this request), and the applicable match.
13. **CERTIFICATION:**  
Enter the typed name of the Project Director and the Fiscal Officer as shown on the "Grant Award Face Sheet". Enter the date the 201 is submitted. Original signatures are required.

### FEDERAL PROJECT ACRONYMS

<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>FSIA</b>	Forensic Sciences Improvement	<b>MCPP</b>	Mentoring Children of Prisoners	<b>VAWA</b>	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>FSID</b>	Forensic Sciences Improvement Discretionary	<b>PSNC</b>	Project Safe Neighborhood - Central	<b>VOCA</b>	Victims of Crime Act
<b>CJAS</b>	Child Justice Act	<b>FVPS</b>	Family Violence Preventive Services	<b>PSNN</b>	Project Safe Neighborhood - Northern		
<b>DVCV</b>	Rural Domestic Violence / Child Victim	<b>LLEB</b>	Local Law Enforcement Block Grant	<b>RSAT</b>	Residential Sub Abuse Treatment		

### STATE PROJECT ACRONYMS

<b>CCA</b>	Career Criminal Apprehension	<b>EMT</b>	Evidentiary Medical Training	<b>PPD</b>	Public Prosecut/Defend - Fund 0241	<b>SHO</b>	Serious Habitual Offender
<b>CCR</b>	Community Crime Resistance	<b>FV</b>	Family Violence	<b>RCP-GF</b>	Rape Crisis Program- Gen Fund	<b>VDI</b>	Vertical Defense of Indigents
<b>CSAE</b>	Child Sexual Abuse / Exploitation	<b>GVS</b>	Gang Violence Suppression	<b>RCP</b>	Rape Crisis Program - Fund 0425	<b>VLRC</b>	Victims Legal Resource Center
<b>CSAP</b>	Child Sexual Abuse Prev/Training	<b>HTT</b>	High Technology Theft	<b>RLCP</b>	Rural Crime Prevention	<b>VPBG</b>	Vertical Prosecution Block Grant
		<b>HY</b>	Homeless Youth				
<b>DASS</b>	Drug Abuse Suppression in Schools	<b>MAGE</b>	Multi-Agency Gang Enforcement	<b>RP</b>	Rape Prevention	<b>VWA</b>	Victim Witness Assistance
<b>DV</b>	Domestic Violence	<b>PPD-GF</b>	Public Prosecut / Defend - Gen Fund	<b>RPED</b>	Rape Prevention - Education	<b>WOM</b>	War on Methamphetamine
						<b>YET</b>	Youth Emergency Telephone

# REPORT OF EXPENDITURES AND REQUEST FOR FUNDS

FORM 201 EZ (REV. 8/04)

 MAIL TO: OES ACCOUNTING  
 PO BOX 419047  
 RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT			(3) BILLING PERIOD <input type="checkbox"/> FINAL		
(2) PROJECT TITLE					
(4) ADDRESS <input type="checkbox"/> NEW			(5) RECIPIENT AWARD NUMBER		
(7) CONTACT PERSON			(8) PHONE NUMBER		
(9) E-MAIL ADDRESS					
(10) FAX NUMBER					

  

CATEGORY	(11) FEDERAL GRANT		FEDERAL PROJECT ACRONYM			
	CURRENT REQUEST	TOTAL EXPENDITURES TO DATE				
(A) PERSONAL SERVICES			<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>LLEB</b>	Local Law Enforcement Block Grant
(B) OPERATING EXPENSES			<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>MCPP</b>	Mentoring Children of Prisoners
(C) EQUIPMENT			<b>CJAS</b>	Child Justice Act	<b>PSNC</b>	Project Safe Neighborhood - Central
<b>TOTAL PROJECT EXPENDITURES</b>			<b>DVCV</b>	Rural Domestic Violence / Child Victimization	<b>PSNN</b>	Project Safe Neighborhood - Northern
(D) ADVANCE			<b>FSIA</b>	Forensic Sciences Improvement	<b>RSAT</b>	Residential Sub Abuse Treatment
(E) LESS MATCH %			<b>FSID</b>	Forensic Sciences Improve - Discretionary	<b>VAWA</b>	Violence Against Women Act - Services*Training* Officers*Prosecutors(STOP)
<b>TOTAL TO BE PAID</b>			<b>FVPS</b>	Family Violence Preventive Services	<b>VOCA</b>	Victims of Crime Act

  

CATEGORY	(12) STATE GRANT		STATE PROGRAM ACRONYM			
	CURRENT REQUEST	TOTAL EXPENDITURES TO DATE				
(A) PERSONAL SERVICES			<b>CCA</b>	Career Criminal Apprehension	<b>PPD</b>	Public Prosecut/Defend - Fund 0241
(B) OPERATING EXPENSES			<b>CCR</b>	Community Crime Resistance	<b>RCP-GF</b>	Rape Crisis Program-Gen Fund
(C) EQUIPMENT			<b>CSAE</b>	Child Sexual Abuse / Exploitation	<b>RCP</b>	Rape Crisis Program - Fund 0425
<b>TOTAL PROJECT EXPENDITURES</b>			<b>CSAP</b>	Child Sexual Abuse Prev/Training	<b>RLCP</b>	Rural Crime Prevention
(D) ADVANCE			<b>DASS</b>	Drug Abuse Suppression in Schools	<b>RP</b>	Rape Prevention
(E) LESS MATCH %			<b>DV</b>	Domestic Violence	<b>RPED</b>	Rape Prevention - Education
<b>TOTAL TO BE PAID</b>			<b>SHO</b>			Serious Habitual Offender
			<b>EMT</b>	Evidentiary Medical Training	<b>VDI</b>	
			<b>FV</b>	Family Violence	<b>VLRC</b>	Victims Legal Resource Center
			<b>GVS</b>	Gang Violence Suppression	<b>VPBG</b>	Vertical Prosecution Block Grant
			<b>HTT</b>	High Technology Theft	<b>VWA</b>	Victim Witness Assistance
			<b>HY</b>	Homeless Youth		
			<b>MAGE</b>	Multi-Agency Gang Enforcement	<b>WOM</b>	War on Methamphetamine
			<b>PPD-GF</b>	Public Prosecut / Defend - Gen Fund	<b>YET</b>	Youth Emergency Telephone

Under penalty of perjury, I certify that I am the duly authorized officer of the claimant herein; this claim is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and grant conditions; and, this claim is for all approved costs incurred within the Grant Performance Period and/or an advance of funds as provided for in the applicable year Budget Act authority.

(13) TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR		
FINANCIAL OFFICER		

## FORM 201 EZ INSTRUCTIONS

1. **RECIPIENT:**  
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **PROJECT TITLE:**  
Enter the project title as it appears on the approved "Grant Award Face Sheet".
3. **BILLING PERIOD:**  
Enter the time period for the current payment requested. (e.g. Jan 04, or Jan – Mar 04) Enter an "X" in the "FINAL" box when all expenditures for the recipient have been requested.
4. **ADDRESS:**  
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
5. **RECIPIENT AWARD NUMBER:**  
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
6. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**  
Enter the Federal Employer Identification Number (FEIN) for your organization.
7. **CONTACT PERSON:**  
Enter the person to be contacted regarding questions on this claim.
8. **PHONE NUMBER:**  
Enter the phone number for the contact person.
9. **E-MAIL ADDRESS:**  
Enter the e-mail address for the contact person.
10. **FAX NUMBER:**  
Enter the fax number for the contact person.
11. **FEDERAL GRANT:**  
Enter the acronym for the Federal grant to which the activity applies in the column heading. Enter the current expenditures by category for the Federal funds requested, the Total Expenditures to Date (including this request), and the applicable match. Enter the amount of advance requested or to be withheld, as applicable.
12. **STATE GRANT:**  
Enter the acronym for the State grant to which the activity applies in the column heading.  
Enter the current expenditures by category for the state funds requested, the Total Expenditures to Date (including this request), and the applicable match. Enter the amount of advance requested or to be withheld, as applicable.
13. **CERTIFICATION:**  
Enter the typed name of the Project Director and the Fiscal Officer as shown on the "Grant Award Face Sheet". Enter the date the 201 is submitted. Original signatures

## **APPENDIX E**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**COMPUTERS AND AUTOMATED SYSTEMS  
PURCHASE JUSTIFICATION GUIDELINES**

As stated in the *Grant Recipient Handbook*, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. In your own words, please answer the following questions. Attach as many pages as necessary to fully answer each question.
1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$10,000, answer the following questions:
1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
  2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
  3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
  4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
  5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OES for additional information regarding SINS requirements.
  6. Does the proposed system include intelligence data subject to *28 CFR Part 23* (2003)? Contact California Department of Justice at (916) 263-1182, Western States Information Network regarding these requirements and have them sign the certification of compliance.

**WESTERN STATES INFORMATION NETWORK (WSIN)**

**CRIMINAL INTELLIGENCE SYSTEM  
CERTIFICATION OF COMPLIANCE**

This is to certify that I, the Executive Director (*or designee*) for WSIN, have conferred with the applicant (*name of Recipient*) \_\_\_\_\_ in the design and implementation of this computer system and that it is compatible with the personal computer specifications of the Statewide Integrated Narcotics System.

I further certify that this project is in compliance with the applicable standards for automated criminal intelligence systems as contained in *28 CFR Part 23* (2003).

\_\_\_\_\_  
Executive Director, WSIN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Implementing the System

\_\_\_\_\_  
Designated Contact Person

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
Project Location

**(Applicable to certain federal funds only)**

## **APPENDIX F**



**CERTIFICATION FOR ADVANCE OF GRANT FUNDS**

OES 202 (Rev. 7/04)

*Note: to receive funds, a completed Report of Expenditures and Request for Funds (OES 201) must be submitted to OES.*

RECIPIENT	GRANT AWARD NUMBER
PROJECT TITLE	
IMPLEMENTING AGENCY (if applicable)	

By signing below, the project director of the implementing agency and the financial officer certify the project requesting an advance of grant funds, is currently unable, to pay its outstanding debts and obligations.

PLEASE NOTE:

17% ADVANCE will be liquidated DURING the last three months of the grant award period.  
25% ADVANCE will be liquidated with the first three OES 201s submitted.

PROJECT IS:			
<input type="checkbox"/> City Government Agency 25% Advance	<input type="checkbox"/> County Government Agency 25% Advance	<input type="checkbox"/> Public School District 25% Advance	<input type="checkbox"/> Private Nonprofit agency <input type="checkbox"/> 17% Advance Monthly <input type="checkbox"/> 25% Advance Quarterly
PROJECT DIRECTOR			DATE
FINANCIAL OFFICER			DATE

## **APPENDIX G**

STATE OF CALIFORNIA  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
**REQUEST TO SUBMIT QUARTERLY REPORTS  
OF EXPENDITURES AND REQUEST FOR FUNDS**  
OES 203 (Rev. 7/04)

*Note: this form is for community-based organizations only.  
All other Recipients are mandated to report quarterly.*

RECIPIENT	GRANT AWARD NUMBER
PROJECT TITLE	
IMPLEMENTING AGENCY <i>(if applicable)</i>	

By signing below, the project director of the implementing agency and the financial officer agree to meet the following terms and conditions for billing on a quarterly basis:

1. The project has a reserve or contingency account equal to three (3) months of funds and may request a 255 advance payment under the grant;
2. The project will submit a Report of Expenditures and Request for Funds (OES 201) form within thirty (30) days of the quarterly periods. The quarterly periods will begin with the first three (3) months of the grant award period and continue every three (3) months until the end of the grant award period; and
3. The project will adhere to these quarterly billing requirements throughout the period of the grant.

PROJECT DIRECTOR	DATE
FINANCIAL OFFICER	DATE

## **APPENDIX H**

**GRANT AWARD MODIFICATION**

FORM 223 (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS  
PO BOX 419047

RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT	<input type="checkbox"/> NEW
(2) ADDRESS	
(3) PROJECT TITLE	

(4) CONTACT PERSON	(8) GRANT PERIOD
(5) E-MAIL ADDRESS	(9) RECIPIENT AWARD NUMBER
(6) PHONE NUMBER	(10) MODIFICATION NUMBER
(7) FAX NUMBER	

**(11) REVISION TO BUDGET**

CATEGORY	CURRENT ALLOCATION (ENTER ACRONYM)				PROPOSED CHANGE (ENTER ACRONYM)				REVISED ALLOCATION (ENTER ACRONYM)			
A. PERSONAL SERVICES												
B. OPERATING EXPENSES												
C. EQUIPMENT												
<b>TOTAL</b>												

**(12) JUSTIFICATION FOR MODIFICATION**

<b>(13) LOCAL APPROVAL SIGNATURES</b>			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE
<b>(14) OES APPROVAL SIGNATURES</b>			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

## FORM 223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds
- Reporting Project Income
- Change in Program Objectives
- Grant Extensions
- Sole Source Requests
- Change of Project Director or Financial Officer
- Change in Mailing Address

1. **RECIPIENT:**  
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **ADDRESS:**  
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
3. **PROJECT TITLE:**  
Enter the project title as it appears on the approved "Grant Award Face Sheet".
4. **CONTACT PERSON:**  
Enter the person to be contacted regarding questions on this form.
5. **E-MAIL ADDRESS:**  
Enter the e-mail address for the contact person.
6. **PHONE NUMBER:**  
Enter the phone number for the contact person.
7. **FAX NUMBER:**  
Enter the fax number for the contact person.
8. **GRANT PERIOD:**  
Enter the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.
9. **RECIPIENT AWARD NUMBER:**  
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
10. **MODIFICATION NUMBER:**  
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
11. **REVISION TO BUDGET:**  
If this modification affects the budget, enter the acronym (see chart below) for the Federal grant OR State program to which the modification applies in the column heading. Enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns.

FEDERAL PROJECT ACRONYMS							
<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>FSIA</b>	Forensic Sciences Improvement	<b>MCPP</b>	Mentoring Children of Prisoners	<b>VAWA</b>	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>FSID</b>	Forensic Sciences Improvement Discretionary	<b>PSNC</b>	Project Safe Neighborhood - Central	<b>VOCA</b>	Victims of Crime Act
<b>CJAS</b>	Child Justice Act	<b>FVPS</b>	Family Violence Preventive Services	<b>PSNN</b>	Project Safe Neighborhood - Northern		
<b>DVCV</b>	Rural Domestic Violence / Child Victim	<b>LLEB</b>	Local Law Enforcement Block Grant	<b>RSAT</b>	Residential Sub Abuse Treatment		
STATE PROJECT ACRONYMS							
<b>CCA</b>	Career Criminal Apprehension	<b>EMT</b>	Evidentiary Medical Training	<b>PPD</b>	Public Prosecut/Defend - Fund 0241	<b>SHO</b>	Serious Habitual Offender
<b>CCR</b>	Community Crime Resistance	<b>FV</b>	Family Violence	<b>RCP-GF</b>	Rape Crisis Program- Gen Fund	<b>VDI</b>	Vertical Defense of Indigents
<b>CSAE</b>	Child Sexual Abuse / Exploitation	<b>GVS</b>	Gang Violence Suppression	<b>RCP</b>	Rape Crisis Program - Fund 0425	<b>VLRC</b>	Victims Legal Resource Center
<b>CSAP</b>	Child Sexual Abuse Prev/Training	<b>HTT</b>	High Technology Theft	<b>RLCP</b>	Rural Crime Prevention	<b>VPBG</b>	Vertical Prosecution Block Grant
		<b>HY</b>	Homeless Youth				
<b>DASS</b>	Drug Abuse Suppression in Schools	<b>MAGE</b>	Multi-Agency Gang Enforcement	<b>RP</b>	Rape Prevention	<b>VWA</b>	Victim Witness Assistance
<b>DV</b>	Domestic Violence	<b>PPD-GF</b>	Public Prosecut / Defend - Gen Fund	<b>RPED</b>	Rape Prevention - Education	<b>WOM</b>	War on Methamphetamine
						<b>YET</b>	Youth Emergency Telephone

12. **JUSTIFICATION FOR MODIFICATION:**  
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.
13. **LOCAL APPROVAL SIGNATURES:**  
Original signatures of the Project Director and the Financial Officer as shown on the "Grant Award Face Sheet" are required on all modification requests.
14. **OES APPROVAL SIGNATURES:**  
For OES internal use only.

## GRANT AWARD MODIFICATION

FORM 223 EZ (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS  
PO BOX 419047  
RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT  (2) ADDRESS <span style="float: right;"><input type="checkbox"/> NEW</span>  (3) PROJECT TITLE	(4) GRANT PERIOD  (5) RECIPIENT AWARD NUMBER  (6) MODIFICATION NUMBER
(7) CONTACT PERSON  (8) E-MAIL ADDRESS	(9) PHONE NUMBER  (10) FAX NUMBER

## (11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION		PROPOSED CHANGE		REVISED ALLOCATION	
	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE
<b>A. PERSONAL SERVICES</b>						
<b>B. OPERATING EXPENSES</b>						
<b>C. EQUIPMENT</b>						
<b>TOTAL</b>						

## FEDERAL PROJECT ACRONYMS

<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>FSIA</b>	Forensic Sciences Improvement	<b>MCP</b>	Mentoring Children of Prisoners	<b>VAWA</b>	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>FSID</b>	Forensic Sciences Improvement Discretionary	<b>PSNC</b>	Project Safe Neighborhood - Central	<b>VOCA</b>	Victims of Crime Act
<b>CJAS</b>	Child Justice Act	<b>FVPS</b>	Family Violence Preventive Services	<b>PSNN</b>	Project Safe Neighborhood - Northern		
<b>DVCV</b>	Rural Domestic Violence / Child Victim	<b>LLEB</b>	Local Law Enforcement Block Grant	<b>RSAT</b>	Residential Sub Abuse Treatment		

## STATE PROJECT ACRONYMS

<b>CCA</b>	Career Criminal Apprehension	<b>EMT</b>	Evidentiary Medical Training	<b>PPD</b>	Public Prosecut/Defend - Fund 0241	<b>SHO</b>	Serious Habitual Offender
<b>CCR</b>	Community Crime Resistance	<b>FV</b>	Family Violence	<b>RCP-GF</b>	Rape Crisis Program- Gen Fund	<b>VDI</b>	Vertical Defense of Indigents
<b>CSAE</b>	Child Sexual Abuse / Exploitation	<b>GVS</b>	Gang Violence Suppression	<b>RCP</b>	Rape Crisis Program - Fund 0425	<b>VLRC</b>	Victims Legal Resource Center
<b>CSAP</b>	Child Sexual Abuse Prev/Training	<b>HTT</b>	High Technology Theft	<b>RLCP</b>	Rural Crime Prevention	<b>VPBG</b>	Vertical Prosecution Block Grant
		<b>HY</b>	Homeless Youth				
<b>DASS</b>	Drug Abuse Suppression in Schools	<b>MAGE</b>	Multi-Agency Gang Enforcement	<b>RP</b>	Rape Prevention	<b>VWA</b>	Victim Witness Assistance
<b>DV</b>	Domestic Violence	<b>PPD-GF</b>	Public Prosecut / Defend - Gen Fund	<b>RPED</b>	Rape Prevention - Education	<b>WOM</b>	War on Methamphetamine
						<b>YET</b>	Youth Emergency Telephone

## (12) JUSTIFICATION FOR MODIFICATION

<b>(13) LOCAL APPROVAL SIGNATURES</b>			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE
<b>(14) OES APPROVAL SIGNATURES</b>			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

## FORM 223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions
- Increases/Decreases to Grant Funds
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives
- Change in Mailing Address

1. **RECIPIENT:**

Enter the recipient name as it appears on line #1 of the approved “Grant Award Face Sheet”.

2. **ADDRESS:**

Enter the permanent mailing address where the recipient payments are to be mailed. Enter an “X” in the “NEW” box if there is a change in the address.

3. **PROJECT TITLE:**

Enter the project title as it appears on the approved “Grant Award Face Sheet”.

4. **GRANT PERIOD:**

Enter the approved grant period giving the start and end dates for the grant award as shown on line #7 of the “Grant Award Face Sheet” or as revised by an approved grant award amendment.

5. **RECIPIENT AWARD NUMBER:**

Enter the recipient award number as it appears on line #6 of the approved “Grant Award Face Sheet”.

6. **MODIFICATION NUMBER:**

Enter the number of this request. Each modification must be consecutively numbered starting with #1.

7. **CONTACT PERSON:**

Enter the person to be contacted regarding questions on this form.

8. **E-MAIL ADDRESS:**

Enter the e-mail address for the contact person.

9. **PHONE NUMBER:**

Enter the phone number for the contact person.

10. **FAX NUMBER:**

Enter the fax number for the contact person.

11. **REVISION TO BUDGET:**

If this modification affects the budget, enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns. Enter the acronym (see chart) for the Federal grant OR State program to which the modification applies in the column heading.

12. **JUSTIFICATION FOR MODIFICATION:**

Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.

13. **LOCAL APPROVAL SIGNATURES:**

Original signatures of the Project Director and the Financial Officer as shown on the “Grant Award Face Sheet” are required on all modification requests.

14. **OES APPROVAL SIGNATURES:**

For OES internal use only.



## **APPENDIX I**

## STATEMENT OF INTEREST INCOME

OES 224 (Rev. 7/04)

Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Award Number: \_\_\_\_\_

Grant Award Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Interest income, generated from grant funds, in the amount of \$\_\_\_\_\_ has been earning during the grant award period identified above. In accordance with OES policy, the project is aware this amount must be submitted to OES along with the final report of expenditures.

Project Director \_\_\_\_\_ Date \_\_\_\_\_

Financial Officer \_\_\_\_\_ Date \_\_\_\_\_

***Note: this form must be attached to the Final OES 201***

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OES USE ONLY

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## **APPENDIX J**

# STATE TRAVEL POLICY

## OUT-OF-STATE TRAVEL

Out-of-state travel is restricted and only allowed in exceptional situations.

## MILEAGE

When a privately owned vehicle is utilized on project-related business, a maximum of **34 cents per mile** is allowed, unless a higher rate is justified. This documentation must be on file and available for audit.

## MEALS AND INCIDENTALS

- **Breakfast – \$6.00:** Breakfast may be claimed when travel commences at or prior to 6:00 a.m. Breakfast may be claimed on the last fractional day of a trip of more than 24 hours if travel terminates at or after 9:00 a.m.
- **Lunch – \$10.00:** Lunch may not be claimed for travel less than 24 hours. Lunch may be claimed if the trip begins at or before 11:00 a.m. and may be claimed on the last fractional day of a trip of more than 24 hours if the travel terminates at or after 2:00 p.m.
- **Dinner – \$18.00:** Dinner may be claimed if the trip begins at or before 4:00 p.m. Dinner may be claimed when travel terminates at or after 7:00 p.m., whether on a one-day trip or on the last day of a trip of more than 24 hours.
- **Incidentals – \$6.00:** Incidentals may be claimed for trips of 24 hours or more.
- **Total: \$40.00.**

**NOTE:** If you are traveling by plane during business hours, you cannot claim a meal if it is served on the plane.

## LODGING (with receipts)

Actual lodging expense up to the rate specified below:

**Statewide** (excluding counties identified below): **\$84.00 plus tax.**

Los Angeles and San Diego counties: \$110.00 plus tax.

Alameda, San Francisco, San Mateo, and Santa Clara counties: \$140.00 plus tax.

## OTHER

Taxi, airport shuttle, etc. which exceeds \$3.50 must be supported by receipt.

Parking in excess of \$10.00 must be supported by receipt.

## **APPENDIX K**

# PROPOSED AUDIT PLANS OES 601 FORM INSTRUCTIONS

***The Audit Plan, OES 601 is due to OES SIX months after the start date of the grant.***

All recipients are required to complete this form.

General Instructions	
Transfer the following information from the Grant Award Face Sheet.	
(1) & (4)	Recipient's name and address
(3)	Project title
(6)	Grant award number
(7)	Grant period
(8)	Federal dollars <i>(if applicable)</i>
(9)	State dollars <i>(if applicable)</i>
(10)	If cash match, indicate "Y" for yes

The appropriate placement of this information is indicated on the form.

- I. Provide recipient's name and address, telephone number and fax number, from the grant award face sheet.
- II. Check the appropriate line that applies to your agency. If you check (e), please describe the agency.
- III. Provide information about the audit firm/organization who will perform the audit. Please include the audit firm/auditor's license number.
- IV. Scope of Coverage: list each grant funded by OES. The information for columns (3), (6), (7), (8), (9), and (10) is from the Grant Award Face Sheet. In column (10) indicate "Y" if cash match is a requirement. In column (11), indicate the audit period. If the audit period is different than the grant period in column (7) and/or the audit does not include all grant expenditures, mark column (12), as "Y" for an Interim report. In column (13) indicate the type of audit performed. If project income will be generated during the audit period, indicate "Y" in column (14). In column (15) note the planned submittal date(s) and/or other comments as needed.
- V. Check the appropriate box to indicate whether or not your agency receives \$500,00 or more in total federal funds either directly from a federal agency or passed through from a state department, city, county, etc.
- VI. Check the appropriate box to indicate if your agency receives \$25,000 or more but less than \$500,000 in total federal funds directly from a federal agency or pass through a state department, county, or city.
- VII. Check the appropriate box to indicate if your agency provides federal funds to another agency.
- VIII. Check the appropriate box to indicate if your agency receives less than \$25,000 in total state funds. Refer to OES *Grant Recipient Handbook* for audit reporting requirements.

In this matrix table, list only federal funds subgrants.



Financial Officer Signature: \_\_\_\_\_  
Person completing this form: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Date: \_\_\_\_\_

- Yes    No
- V.    ☐    ☐    Does your agency receive \$500,000 or more in total federal funds directly from a federal agency or passed through a state department, county, city, etc.?
- VI.    ☐    ☐    Does your agency receive \$25,000 or more but less than \$500,000 in total federal funds directly from a federal agency or pass through a state department, county, or city?
- VII.    ☐    ☐    Is your agency providing federal funds to another agency?
- VIII.    ☐    ☐    Does your agency receive less than \$25,000 in total state funds? If "Yes," refer to *Grant Recipient Handbook* for audit reporting requirements.
- IX.    ☐    ☐    For community-based organizations, profit and nonprofit organizations only.

**OES USE ONLY**

List only federal fund subgrants received from federal agencies or passed through from state government (other than OES), local units of government and nonprofit organizations. Do not include OES grants listed in Item IV. Attach a sheet if more space is needed.

Program Title (16)	Grant Award or Contact Number (17)	Organization Providing Funding (18)	Period (19)	Amount (20)	Included in Audit Y/N (21)	Comments (attach page if necessary) (22)



## **APPENDIX L**

Governor's Office of Emergency Services

**REQUEST FOR FINANCIAL TECHNICAL ASSISTANCE**

OES 602 (REV. 7/04)

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Award Number: \_\_\_\_\_

The project is requesting financial technical assistance from OES.

Individual to contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO:** Governor's Office of Emergency Services  
P.O. Box 419047  
Rancho Cordova, CA 95741  
Attention: Audits Division

**OES USE ONLY**

☐ Approved

☐ Disapproved

Date Received: \_\_\_\_\_

Staff Assigned to Provide T.A. \_\_\_\_\_

## **APPENDIX M**

Governor's Office of Emergency Services

**REQUEST FOR PROGRAMMATIC TECHNICAL ASSISTANCE**

OES 651 (REV. 7/04)

Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Grant Award Number: \_\_\_\_\_

The following type of programmatic technical assistance is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Project Director's Signature

\_\_\_\_\_  
Date

**RETURN TO:** Governor's Office of Emergency Services  
P.O. Box 419047  
Rancho Cordova, CA 95741  
Attention: \_\_\_\_\_ Section

**OES USE ONLY**

☐ Approved ☐ Disapproved

Date Received: \_\_\_\_\_

Staff Assigned to Provide T.A. \_\_\_\_\_

## **APPENDIX N**

**SAMPLE CERTIFICATION DISBURSEMENT  
OF CONFIDENTIAL FUNDS**

OES 652 (7/04)

This is to certify that I have read, understand, and agree to abide by all of the conditions for confidential expenditures as set forth in the OES guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Director

**SAMPLE RECEIPT FROM  
INFORMER PAYEE RECEIPT**

For and in consideration of the sale and delivery to the State, County or City of \_\_\_\_\_  
of information or evidence identified as follows: \_\_\_\_\_  
(numerical and word amount entered by payee)

\_\_\_\_\_  
I hereby acknowledge receipt of \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

paid to me by the State, County, City of \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_ .  
(date)

Payee: \_\_\_\_\_  
(Signature)

Case Agent/Officer: \_\_\_\_\_  
(Signature)

Witness: \_\_\_\_\_  
(Signature)

Case or Reference: \_\_\_\_\_

## **APPENDIX O**

STATE OF CALIFORNIA

**DRUG-FREE WORKPLACE CERTIFICATION**

STD. 21 (NEW 6/04)

---

COMPANY/ORGANIZATION NAME

---

The contractor or grant recipient named above hereby certifies compliance with *Government Code Section 8355* in matters relating to providing a drug-free workplace. The above-named contractor or recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by *Government Code Section 8355(a)*.
2. Establish a Drug-Free Awareness Program as required by *Government Code Section 8355(b)*, to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace,
  - (b) The person's or organization's policy of maintaining a drug-free workplace,
  - (c) Any available counseling, rehabilitation and employee assistance programs, and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by *Government Code Section 8355(c)*, that every employee who works on the proposed contract or subgrant:
  - (a) Will receive a copy of the company's drug-free policy statement, and
  - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or subgrant.

---

**CERTIFICATION**

---

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or Recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

---

OFFICIAL'S NAME

---

DATE EXECUTED

EXECUTED IN THE COUNTY OF

---

CONTRACTOR or RECEIPEINT SIGNATURE

---

TITLE

---

FEDERAL I.D. NUMBER

---



# **S A M P L E**

## **STATEMENT ON THE DRUG-FREE WORKPLACE**

To comply with the enactment of Senate Bill 1120, (*Chapter 1170, Statutes of 1990*), which established the Drug-Free Workplace Act of 1990, the \_\_\_\_\_ (*your agency*) accordingly provides this statement of compliance.

In order to maintain funding eligibility, state agencies, along with those in receipt of grant and contractual awards, must certify that they provide drug-free workplaces and have issued drug-free workplace statements to their employees [*Section 8355(a) of the Government Code*]. Consequently, in accordance with this directive, this statement is issued to meet this requirement.

The \_\_\_\_\_ (*your agency*), an agency within the State of California has adopted this statement in compliance with legislation which addresses issues to avoid the dangers arising from drug and alcohol abuse in the workplace. These dangers include death and injury to the employee, co-workers, or the public resulting from accidents, dereliction of duty, poor judgment and carelessness. Substance abuse also results in lost productivity, reduced efficiency, and increased absenteeism by the substance abuser and interferes with the job performance of employees who do not use illegal or unauthorized substances. [*Section 8355(b)(1)*]

California law prohibits the unlawful manufacture, dispensation, possession, or illegal use of a controlled substance. That prohibition extends to all places and includes the worksite of California state employees. [*Section 8355(a)*]

Employees convicted of a violation of criminal drug statute, when the violation occurred at an employee's worksite, shall report the conviction to the granting and monitoring State agency upon conviction. [*Section 8356(a)(1)(2)*]

In the event of the unlawful manufacture, distribution, dispensation, possession or illegal use of a controlled substance at a State worksite, the State may take disciplinary action pursuant to the law and/or require the satisfactory completion of a drug abuse assistance or rehabilitation program. [*Section 8355(b)(4)*]

The Employee Assistance Program (EAP) provides drug problem assessment and referral to appropriate counseling and rehabilitation services. The EAP is available to all agency employees. Procedures exist to ensure the confidentiality of EAP records. Contact your personnel office for further information.

It is the intent of the \_\_\_\_\_ (*your agency*) to ensure by execution of this statement of compliance that each employee shall abide by the terms of this drug-free workplace statement. [*Section 8355(c)*]

## **APPENDIX P**

## CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, \_\_\_\_\_ hereby certify that  
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

RECIPIENT: \_\_\_\_\_

IMPLEMENTING AGENCY: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

is responsible for reviewing the *Grant Recipient Handbook*<sup>1</sup> and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

### I. Equal Employment Opportunity – (*Grant Recipient Handbook Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### II. Drug-Free Workplace Act of 1990 – (*Grant Recipient Handbook Section 2152*)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

### III. California Environmental Quality Act (CEQA) – (*Grant Recipient Handbook Section 2153*)

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

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<sup>1</sup>The *Grant Recipient Handbook* can be obtained from [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select “Plans and Publications, RFA/RFP *Grant Recipient Handbook*” to access the *Grant Recipient Handbook*.

**IV. Lobbying – (*Grant Recipient Handbook Section 2154*)**

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

**V. Debarment and Suspension – (*Grant Recipient Handbook Section 2155*)**

*(This applies to federally funded grants only.)*

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

**VI. Proof of Authority from City Council/Governing Board**

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

### CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: \_\_\_\_\_

Authorized Official's Typed Name: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Date Executed: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Executed in the City/County of: \_\_\_\_\_

### AUTHORIZED BY:

- City/County Financial Officer
- City Manager
- Governing Board Chair

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **APPENDIX Q**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**EMERGENCY FUND PROCEDURES**

---

RECIPIENT NAME

---

GRANT NUMBER

In order for a project to develop an emergency fund with grant funds, certain criteria must be maintained. "Emergency" is defined as any immediate financial intervention in response to a victim's basic needs such as: temporary emergency shelter, food, transportation, clothing, and medical care including prescription medicine, eyeglasses, or dentures.

Because of the nature of the fund, it needs to be easily accessible. It is also necessary, however, that some safeguards and accountability of the fund be maintained. For effective management and audit purposes, the following procedures must be maintained:

1. The emergency fund and regular grant allocation must be kept separate, each with their own accounts.
2. Vouchers, receipts, and canceled checks must be maintained for audit purposes.
3. The authority to make payments from the emergency fund rests with the Chief Executive of the agency. Authority to draw on the emergency fund has been delegated by the Chief Executive to TYPE NAME. In order to be valid, checks must require a counter signature. OES will be notified in writing of any changes in responsibility within ten days of the change.
4. If an imprest cash fund is used, the name, address and signature of the recipient will be maintained, as well as the date, amount and reason for the request.
5. Grant funds will not be commingled with other emergency monies.
6. As checks are drawn against the fund, a copy will be sent to the person in charge of the project's accounting.
7. This fund will be used only in the absence of another community resource, and only in the case of an emergency.
8. Verification of the crime will be made with local law enforcement. A copy of the crime report or verification slip will be kept on file.
9. Payments will be limited to payment for goods or services. A credit system, in lieu of cash payment, will be explored with local merchants. Direct cash allotments will be limited to no more than \$TYPE \$ AMOUNT per individual. Victims are not eligible to draw on the emergency fund for more than TYPE # crime incidents per year.
10. Records will reflect whether the emergency money is considered a loan and full or partial repayment is expected, or whether the money is an outright gift. Any repayments will be considered project income and must be used to reimburse the emergency fund.

## **APPENDIX R**



## **STATE AND FEDERAL CIVIL RIGHTS LAWS**

- 1. California Fair Employment and Housing Act (FEHA) and its implementing regulations, *California Administrative Code, Title 2, Division 4*, Fair Employment and Housing Commission:**

The public policy of the State of California is to protect and safeguard the civil rights of all individuals to seek, have access to, obtain and hold employment without discrimination because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition (cancer related), marital status, or sex and age (over 40). Employment practices should treat all individuals equally, evaluating each on the basis of individual skills, knowledge and abilities and not on the basis of characteristics generally attributed to a group enumerated in the Act. The objectives of the California Fair Employment and Housing Act and these regulations are to promote equal employment opportunity and to assist all persons in understanding their rights, duties and obligations, so as to facilitate achievement of voluntary compliance with the law.

- 2. *Government Code, Article 9.5, Sections 11135-11139.5* and its implementing regulations, *California Administrative Code, Title 22, Sections 98000-98413*; and Title VI of the Civil Rights Act of 1964:**

These sections mandate comprehensive state and federal civil rights regulations to prohibit discrimination or denial of benefits to persons in the State of California who are under programs or activities that are funded by or receive financial assistance from the State of California or the Federal Government. Discrimination and denial of benefits are prohibited on the same previously identified basis.

- 3. *Title V, Section 504 of the Rehabilitation Act of 1973 (29 USC Section 974)*; *California Government Code Section 4450*; and *California Administrative Code, Title 2, Division 4, Chapter 2, Subchapter 9, 7293.9*:**

These state and federal regulations mandate that qualified persons with disabilities will not be excluded from, denied benefits of, or discriminated against solely on the basis of their disabilities, under any program or activity that receives financial assistance from OES. Further, all facilities used by state and federal funded projects shall be made reasonably accessible to and usable by the physically handicapped.

These regulations further provide that employers shall make reasonable accommodation to the physically handicapped, unless the employer can demonstrate that such accommodation would impose undue hardship.

- 4. *28 CFR, Part 42, Nondiscrimination; Equal Employment Opportunity Policies and Procedures (U.S. Department of Justice)* – FOR FEDERALLY FUNDED PROGRAMS ONLY:**

Requires agencies receiving federal financial assistance from OES to prepare an Equal Employment Opportunity Program (EEOP) upon meeting the following criteria:

- (a) Recipient has 50 or more employees.
- (b) Recipient has received a total of \$25,000 or more in grants or subgrants since 1968.
- (c) Recipient has a service population of three percent or more minority representation (if less than three percent, the EEOP must be prepared to focus on women).

Community-based organizations are exempt from Federal Government/OES requirements of developing an EEOP, pursuant to *28 CFR, Part 42, Subpart E*, however, they are monitored by the Department of Health and Human Services in EEO compliance matters.

**5. The American with Disabilities Act of 1990 (ADA), 42 USC, Sections 12101 et seq., and U.S. Department of Justice implementing regulations, 28 CFR, Part 35:**

The ADA guarantees equal opportunity for individuals with disabilities in public and private sector services and employment. A comprehensive anti-discrimination law for persons with disabilities, the ADA extends to virtually all sectors of society and every aspect of daily living (i.e., work, leisure, travel, communications, and more).

## **APPENDIX S**

Grant Award Number: \_\_\_\_\_

GOVERNOR'S OFFICE OF EMERGENCY SERVICES

## OUT-OF-STATE TRAVEL REQUEST

OES 700 (REV. 7/04)

### RECIPIENT

Agency: \_\_\_\_\_

Project Director: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### ATTENDEE(S)

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

### TRIP DETAILS

Trip Date [Month/Day(s)/Year] \_\_\_\_\_

Destination (City/State) \_\_\_\_\_

Description (Meeting/Conference/Other) \_\_\_\_\_

Justification (indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Recipient must attach Cost Worksheet to the Out-of-State Travel Request.***

### FOR OES USE ONLY

Recommendation:

**Approve**

☐

**Disapprove**

☐

Program Specialist

Date

# OUT-OF-STATE TRAVEL REQUEST WORKSHEET

Date of Trip: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Purpose: \_\_\_\_\_

---

## ESTIMATED COSTS

### TRANSPORTATION:

Airfare ..... \_\_\_\_\_

#### Airport Expenses:

Mileage ..... \_\_\_\_\_

Taxi/Shuttle ..... \_\_\_\_\_

Parking ..... \_\_\_\_\_

#### Auto Expenses:

Private Car ..... \_\_\_\_\_

Rental Car ..... \_\_\_\_\_

State/Agency Car ..... \_\_\_\_\_

### HOTEL/PER DIEM

Hotel:

Per diem: \_\_\_\_\_ days @ \$\_\_\_\_\_ .....

### OTHER EXPENSES

Registration/Conference Fee..... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL COSTS NOT TO EXCEED .....** \_\_\_\_\_

## **APPENDIX T**

# NONCOMPETITIVE BID JUSTIFICATION FOR CONTRACTS AND PROCUREMENTS

## CHECKLIST

Has the applicant/recipient met the following requirements of the *Grant Recipient Handbook*:

### **Section 3511**

**Yes**

**No**

Do conditions exist that require a noncompetitive bid contract?

☐☐

### **Section 3521.1**

Is a brief description of the program or project included?

☐☐

### **Section 3521.2**

Was it necessary to contract noncompetitively?

☐☐

Did the contractor submit his/her qualifications?

☐☐

Is the reasonableness of the cost justified?

☐☐

Were cost comparisons made with differences noted for similar services?

☐☐

### **Section 3521.3**

Is an explanation provided for the uniqueness of the contract?

☐☐

### **Section 3521.4**

Are there time constraints impacting the project?

☐☐

Is a justification provided regarding the need for contract?

☐☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐☐

## **APPENDIX U**



**GOVERNOR'S OFFICE OF EMERGENCY SERVICES**  
**SAMPLE CEQA COMPLIANCE MEMO\***

TO:

\_\_\_\_\_  
Applicant/Recipient

FROM:

\_\_\_\_\_  
Local Planning Department (Lead Agency)

SUBJECT:

\_\_\_\_\_  
Project Title

\_\_\_\_\_  
Grant Award Number

The above-mentioned applicant grant activities have been reviewed for compliance with the requirements of the California Environmental Quality Act (CEQA).

1. ☐ Per the regulations, this project is exempted because this agency has determined that the activity is covered by the general rule whereby CEQA applies only to projects with the potential to cause a significant effect on the environment.
2. ☐ Per the CEQA Guidelines [*California Administrative Code, Title 14, Division 6, Section 15061(b)(3)*] this agency certifies that there is no possibility that the proposed grant activity may have a significant effect on the environment and that the project is therefore not subject to CEQA. (Category 1.)

Use of this statement has been weighed carefully since any subsequent action by the applicant can be litigated if the project is determined to have a significant impact.

3. ☐ The proposed project falls under the provisions for statutory or categorical exemptions of the CEQA Guidelines (*California Administrative Code, Title 14, Division 6, Sections 15260-15329*). A Notice of Exemption has been filed with the county clerk of the county or counties in which the project will be located. Such filing will result in a date stamped on the notice.
  - a. ☐ This agency has filed the **Notice of Exemption** with the county clerk and the Office of Planning and Research State Clearinghouse.
  - b. ☐ The project applicant will file the **Notice of Exemption** with the county clerk and the Office of Planning and Research State Clearinghouse.
4. ☐ It is determined that the project has no potential to significantly affect the environment. A **Negative Declaration** has been prepared in accordance with CEQ Guidelines (*California Administrative Code, Title 14, Division 6, Section 1500 et seq.*). (Category 3.) (*Check one below.*)
  - a. ☐ This agency has filed a **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.
  - b. ☐ The project applicant will file the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

5. ☐ The proposed project may significantly impact the environment, and an Environmental Impact Report (EIR) has been prepared in accordance with the CEQA Guidelines. (Category 4.) *(Check one below.)*

a. ☐ This agency has filed the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

The general public and affected public agencies have had an opportunity to review the proposed **Notice of Determination**, and their comments responded to, and measures adopted to mitigate any environmental impacts that have been determined to be significant, or justification provided as to why mitigation of an impact is not feasible.

b. ☐ The project applicant will file the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

---

Responsible Office of Planning Department  
(Lead Agency) – Typed Name and Title

---

Date

---

Responsible Official of Planning Department  
(Lead Agency) – Signature

---

Date

\*Use this format if one is not provided by the lead agency.

## **APPENDIX V**

# **S A M P L E**

## **XYZ ORGANIZATION EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

XYZ Organization is an equal opportunity employer and is committed to an active Equal Employment Opportunity Program (EEOP). It is the stated policy of XYZ Organization that all employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition (cancer related), or physical handicap (includes all other medical conditions).

This organization will also conform to the Americans with Disabilities Act of 1990 (ADA), *42 USC, Sections 1210 et seq.*, and U.S. Department of Justice implementing regulations, *28 CFR, Part 35*.

All recruitment, hiring, placements, transfers, and promotions will be on the basis of individual skills, knowledge and abilities, and the feasibility of any necessary job accommodation, regardless of the above-identified bases. All other personnel actions such as compensations, benefits, layoffs, terminations, trainings, etc., are also administered without discrimination. Equal employment opportunity (EEO) will be promoted through a continual and progressive EEOP.

The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Jane Doe has been designated EEO Coordinator. Inquiries concerning the application of Federal and State laws and regulations should be referred to her/him. The coordinator is responsible for administering program progress and initiating corrective action when appropriate. All personnel actions are monitored and analyzed to ensure the adherence of this policy. Regular annual reports are submitted to the Agency Director for review and evaluation of progress.

To achieve the goals of our EEOP, it is necessary that each member of this organization understand the importance of the program and his/her individual responsibility to contribute toward its maximum fulfillment.

---

SIGNATURE

---

TITLE (Agency Head)

---

DATE

---

SIGNATURE

---

TITLE (EEO/AA Officer)

---

DATE

## **APPENDIX W**



## **HARASSMENT OR DISCRIMINATION IN EMPLOYMENT**

### **Because of**

- Sex • Race • Color • Ancestry • Religious Creed
- National Origin • Disability (including HIV and AIDS)
  - Medical Condition (Cancer) • Age
- Marital Status • Denial of Family and Medical Care Leave
  - Denial of Pregnancy Disability Leave

## **IS PROHIBITED BY LAW**

The California Fair Employment and Housing Act  
(Part 28 commencing with Section 12900) of Div 3 of Title 2 of the Government Code

- prohibits harassment of employees or applicants and requires employers to take all reasonable steps to prevent harassment. The prohibition against sex harassment includes a prohibition against sexual harassment, gender harassment and harassment based on pregnancy, childbirth, or related medical conditions.
- requires that all employers provide information to each of their employees on the nature illegality and legal remedies which apply to sexual harassment. Employers may either develop their own publication, which must meet standards as set forth in *California Government Code Section 12950* or use a brochure which may be obtained from the Department of Fair Employment and Housing.
- requires employers to reasonably accommodate disabled employees or job applicants in order to enable them to perform the essential functions of a job.
- permits job applicants and employees to file complaints with the Department of Fair Employment and Housing (DFEH) against an employer, employment agency or labor union which fails to grant equal employment as required by law.
- requires employers not to discriminate against any job applicant or worker in hiring, promotions, assignments, or discharge. On-the-job segregation is also prohibited and employers may file complaints against workers who refuse to cooperate in compliance.
- requires employers, employment agencies and unions to preserve applications, personnel and employment referral records for a minimum of two years.
- requires employers to provide leaves of up to four months to employees disabled because of pregnancy, maternity or childbirth.
- requires employers of 50 or more persons to allow employees to take up to 12 weeks leave in any 12-month period for the birth of a child, the placement of a child for adoption or foster care for an employee's own serious health condition, or to care for a parent, spouse or child with a serious health condition.
- requires employment agencies to serve all applicants equally; to refuse discriminatory job orders to refrain from prohibited pre-hiring inquiries or help wanted advertising.
- requires unions not to discriminate in member admissions or dispatching to jobs.
- forbids any person to interfere with efforts to comply with the act. Authorizes DFEH to work affirmatively with cooperating employers to review hiring and recruiting practices in order to expand equal opportunity.

### **REMEDIES TO INDIVIDUALS, OR PENALTIES FOR VIOLATION MAY INCLUDE:**

Hiring, back pay, promotion, reinstatement, damages for emotional distress, cease-and-desist order, or a fine of up to \$50,000

**JOB APPLICANTS AND EMPLOYEES.** If you believe you have  
Experienced discrimination, DFEH will investigate without cost to you.

For information contact the Department of Fair Employment and Housing

TOLL FREE 1-800-884-1684

TDD Numbers:

Los Angeles: (213) 897-2840

Sacramento: (916) 324-1678

This notice must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency, waiting rooms, union halls, etc. For a copy contact the nearest DFEH office.

### **The Fair Employment and Housing Act Specifics:**

- Prohibits discrimination in all aspects of employment including hiring, termination, and terms and conditions.
- Prohibits harassment of employees or applicants and requires employers to take all reasonable steps to prevent harassment from occurring.
- Requires that all employers provide information to each of their employees describing the forms of sexual harassment, its illegality, the internal and external complaint processes and legal remedies.
- Requires employers to reasonably accommodate employees or job applicants with disabilities in order to enable them to perform the essential functions of the job.
- Requires employers to provide leaves of up to four months to employees disabled because of pregnancy or childbirth.
- Requires an employer to provide reasonable accommodations requested by an employee, with the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.
- Requires employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for the birth of a child, the placement of a child for adoption or foster care, for an employee's own serious health condition, or to care for a parent, spouse, or child with a serious health condition. (Employers are required to post a notice informing employees of their family and medical leave rights.)
- Requires employment agencies to serve all applicants equally; to refuse discriminatory orders; to refrain from prohibited pre-employment inquiries or advertising.
- Prohibits retaliation against any person who has filed a complaint with the Department, participated in a Department investigation or opposed any activity prohibited by the Act.

### **The law provides for a variety of remedies, which may include:**

- Hiring,
- Back pay,
- Promotion,
- Reinstatement,
- Cease and desist orders,
- Damages for emotional distress,
- Reasonable attorney's fees and costs,
- Expert witness fees, and/or
- Administrative Fines and Court Ordered Punitive Damages.

Persons who believe they have experienced employment discrimination may file a DFEH complaint. Complaints must be filed within one year from the date of the alleged discrimination.

Persons wishing to file a lawsuit directly in a court must obtain a "right-to-sue" from DFEH. For information on this process, call the toll-free number listed below.

#### **Within California:**

1 (800) 884-1684

1 (800) 700-2320 TTY

#### **Outside California:**

(916) 227-0551

## **APPENDIX X**



STATE OF CALIFORNIA  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
**TRANSFER OF PUBLICATION TITLE**  
OES 131 (Rev. 7/04)

		Date
Recipient		
Address	City	Zip Code
Project Title		
Grant Award Number	Grant Award Period	
	From	To
Contact Person	Telephone Number (     )	
I hereby certify that the following publication written under this grant award and any profits gained from its sale or distribution will be used for criminal justice related activities or to further the original intent of the grant award.		
Name of Publication/Article		
Author	ISBN	
Publisher Name and Address		
Project Director (Signature)		Date

**FOR OES USE ONLY**

☐ Approved      ☐ Disapproved

\_\_\_\_\_  
Program Specialist

\_\_\_\_\_  
Date

☐ Approved      ☐ Disapproved

\_\_\_\_\_  
Section Chief

\_\_\_\_\_  
Date

☐ Approved      ☐ Disapproved

\_\_\_\_\_  
Other

\_\_\_\_\_  
Date

## **APPENDIX Y**

## SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) application, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

\* Specifically:

\* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For \_\_\_\_\_

For \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **APPENDIX Z**

**This Appendix has been deleted.**

## **APPENDIX AA**

## **ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS**

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all subgrant-related matters.**

# ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Period: \_\_\_\_\_ to \_\_\_\_\_

The following persons are authorized to sign for:

**Project Director:**

**Financial Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

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Signature

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Signature

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Name

\_\_\_\_\_  
Name

---

**Approved By:**

Project Director: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Officer: \_\_\_\_\_

Date: \_\_\_\_\_



## **APPENDIX BB**

## **INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to *Title 31 U.S.C. Section 1352*. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; sub-grant announcement number; the contract, subgrant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<b>1. Type of Federal Action:</b>  <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b>  <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b>  <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b>  <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <div style="text-align: center;">Congressional District, if known:</div>		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>   <div style="text-align: center;">Congressional District, if known:</div>
<b>6. Federal Department/Agency:</b>  	<b>7. Federal Program Name/Description:</b>  <div style="text-align: center;">CFDA Number, if applicable:</div>	
<b>8. Federal Action Number, if known:</b>  	<b>9. Award Amount, if known:</b>  <div style="text-align: center;">\$</div>	
<b>10. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI):  <div style="text-align: right;">(attach Continuation Sheet(s))</div>	<b>b. Individuals Performing Services</b> (including address if different from 10a) (last name, first name, MI):  <div style="text-align: right;">SF-LLL-A, if necessary)</div>	
<b>11. Amount of Payment (check all that apply):</b>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply):</b>  <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in item 11:</b>  <div style="text-align: right;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352.</b> This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No:</b> _____ <b>Date:</b> _____
<b>Federal Use Only:</b>		<b>Authorized for Local Reproduction</b> <b>Standard Form – LLL</b>

## DISCLOSURE OF LOBBYING ACTIVITIES

### CONTINUATION SHEET

Reporting Entity	_____	Page	_____	of	_____

## **APPENDIX CC**

## **LEASE/PURCHASE ANALYSIS**

When determining if it would be better to lease, lease with the option to purchase, or purchase, an analysis makes it possible to know which method is the least expensive.

Consider some of the following when making your lease/purchase analysis:

- Monthly costs (including interest, fees, etc.) of leasing, leasing with option to purchase, and purchasing.
- Total costs (including interest, fees, etc.) of leasing, leasing with option to purchase, or purchasing.
- The length of time the equipment will serve program needs before it wears out or the length of time the equipment will be needed, whichever comes first.
- The type and model of equipment. Identify features (both standard and optional) of the equipment.
- Obtain estimate from dealer to support your analysis.
- Obtain cost proposal from at least three dealers.

## **APPENDIX DD**



# OES 234 INSTRUCTIONS

## GENERAL INSTRUCTIONS

This form must be used for the following types of project income reporting:

- Reporting Receipt of Project Income
- Reporting Project Income Expenditures
- Proposed use of Project Income

Check the appropriate box(es) when reporting Income or Expenditures.

### 1. RECIPIENT

Type the recipient's name as it appears on line #1 of the "Grant Award Face Sheet" (OES-A301).

### 2. GRANT AWARD NUMBER

Type the grant award number as it appears on line #6 of the "Grant Award Face Sheet" (OES-A301).

### 3. ADDRESS

Type the recipient's address of the person completing this form.

### 4. PROJECT TITLE

Type the project title as it appears on line #3 of the "Grant Award Face Sheet" (OES-A301).

### 5. REPORT PERIOD

Type the report period in which income was generated or expended (quarterly reporting of project income and expenditures is mandatory, *Grant Recipient Handbook, Section 6610.2*).

### 6. GRANT PERIOD

Type the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" (OES-A301), or as revised by an approved grant award amendment, (OES 513).

### 7. CONTACT PERSON

Type the name of the person preparing the form.

### 8. TELEPHONE NUMBER

Type the telephone number of contact person.

### 9. PROJECT INCOME

Check each box indicating the type of project income generated for the report period.

### 10. INCOME RECEIVED

Enter the combined total dollar value of project income by type.

### 11. PROPOSED INCOME ALLOCATION

Indicate the budget category(ies) in which the income will be allocated.

### 12. EXPENDITURE REPORTING

Enter the actual amount of project income expended by budget category(ies). Project income cannot be expended prior to the approval of the Project Income Reporting Transmittal.

**13. PROJECT RELATED EXPENDITURES**

If project income will not be used to further the activities of the grant, indicate for what purpose the funds will be expended. Refer to the *Grant Recipient Handbook* and program guidelines for direction on appropriate use of project income.

**14. LOCAL APPROVAL SIGNATURES**

Original signatures of the Project Director as shown on line #4 of the approved "Grant Award Face Sheet" (OES-A301), and Financial Officer as shown on line #5 of the same form are required on all project income reporting.

**15. OES APPROVAL SIGNATURES**

For OES internal use only.

# PROJECT INCOME REPORTING TRANSMITTAL

OES 234 (Rev. 7/04)

- ☐ Reporting Income Items (1) through (12)  
☐ Reporting Expenditures Items (1) through (13)

(1) RECIPIENT		(2) GRANT AWARD NUMBER			
(3) ADDRESS					
(4) PROJECT TITLE			(5) REPORT PERIOD		
(6) GRANT PERIOD	(7) CONTACT PERSON		(8) PHONE NUMBER		
<b>(9) Project Income (check all that apply)</b>		<b>(10) Income Received</b>		<b>(11) Proposed Income Allocation</b>	
Asset Forfeiture <input type="checkbox"/>		\$		Personal Services	\$
Client Fees <input type="checkbox"/>		\$		Operating Expenses	\$
Interest Earned on General Income <input type="checkbox"/>		\$		Equipment	\$
Registration Fees <input type="checkbox"/>		\$		Total	\$
Other Project Oriented Materials <input type="checkbox"/>		\$		(Totals for Income Received and Proposed Income Allocation must match.)	
Other (please describe): <input type="checkbox"/>		\$			
<b>(12) Will project income expenditures be used to further the project's objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain.)</b>			<b>(13) Expenditure Reporting</b>		
			Personal Services		\$
			Operating Expenses		\$
			Equipment		\$
			Total		\$
(14) LOCAL APPROVAL SIGNATURES	Date	(15) OES APPROVAL SIGNATURES	APPROVE	DISAPPROVE	DATE
(A) PROJECT DIRECTOR		(A) PROGRAM STAFF	<input type="checkbox"/>	<input type="checkbox"/>	
(B) FINANCIAL OFFICER		(B) SECTION CHIEF	<input type="checkbox"/>	<input type="checkbox"/>	
		(C) OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
Reason for disapproval of reporting request:					

## **APPENDIX EE**

## **RESOLUTION INSTRUCTIONS**

**NOTE:** The resolution must include all of the elements contained in the sample. Unless there is a compelling reason not to do so, OES strongly suggests that the project follow the exact format and language provided in the sample Resolution. This will assure that the processing of the Grant Award Agreement and the request for funds are not seriously delayed because the language of the resolution does not meet OES' requirements.

1. Enter the full name of the board or council making the resolution.
2. Enter the title of the proposed project. This should be the same as the title of the proposed project on the Grant Award Face Sheet (OES A301).
3. Enter the full title of the administrator or executive who is authorized to submit the proposal.
4. Enter the full title of the organization that will submit the proposal.
5. Enter board or council, whichever is appropriate.
6. Enter the same as item (1).
7. Enter the same as item (5).
8. Enter the date of the meeting in which the resolution was adopted.
9. Enter the votes of the members in the appropriate category.
10. Enter the signature of the person signing on behalf of the board or council.
11. Enter the date of the certification.
12. Enter the typed name and title of the person making the certification.
13. Enter the signature of the person attesting that this is a true copy of the resolution. This must be a person other than the person who signed on behalf of the board or council (see item 10).
14. Enter the date attested.
15. Enter the typed name and title of the person attesting.

## **SAMPLE RESOLUTION**

### **RESOLUTION OF THE GOVERNING BOARD**

WHEREAS the (1) (applicant) \_\_\_\_\_ desires to undertake a certain project designated (project title) \_\_\_\_\_ to be funded in part from funds made available through the \_\_\_\_\_ Program administered by the Office of Emergency Services (hereafter referred to as OES).

NOW, THEREFORE, BE IT RESOLVED that the (3) (designated official by title only) of the (4) (county/city or organization) \_\_\_\_\_ is authorized, on its behalf to submit the attached proposal to OES and is authorized to sign and approve on behalf of (5) (governing board) \_\_\_\_\_ the attached Grant Award Agreement including any extensions or amendments thereof.

BE IT FURTHER RESOLVED that the applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES and that the cash match will be appropriated as required.

IT IS AGREED that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

I hereby certify that the foregoing is a true copy of the resolution adopted by the (6) (governing body) \_\_\_\_\_ of (7) (unit of local government or organization) \_\_\_\_\_ in a meeting thereof held on (8) (date) \_\_\_\_\_ by the following:

Vote: (9)

Ayes:

Noes:

Absent:

Signature: (10) [original signature] \_\_\_\_\_

Date: (11) \_\_\_\_\_

Typed Name and Title: (12) \_\_\_\_\_

ATTEST: Signature: (13) [original signature] \_\_\_\_\_

Date: (14) \_\_\_\_\_

Typed Name and Title: (15) \_\_\_\_\_

## **APPENDIX FF**

# **PAST PERFORMANCE POLICY**

## **Effective February, 2003**

This policy is to be used by OES when considering past performance issues of existing grantees who apply for new OES funding. It has been developed in consultation with OES' advisory groups.

### **I. GENERAL POLICY**

From time to time, OES solicits applications for funding by issuing a Request for Proposal (RFP), and awards funding through a competitive selection process. Oftentimes, applications are received from existing OES recipients.

Recognizing that OES' funds are limited and often highly competitive, and to better meet its fiscal and legal obligations, OES developed this policy in an effort to fairly and consistently address past performance issues of existing recipients in the awarding of new state and federal funding.

This policy is only intended to result in a penalty, if necessary, to existing recipients that have serious performance problems (not minor problems), and is to be utilized only in connection with the RFP process and the awarding of grants for new funding cycles.

Furthermore, while this policy addresses OES' provision of technical assistance to help recipients comply with their grant requirements, this policy is not intended to result in OES regulating the day-to-day internal operations of recipients.

### **II. PENALTY LEVELS**

There are two levels of penalties for serious performance problems:

Level A: Complete disqualification from RFP process;

Level B: 10% point reduction of total possible points from an applicant's score

The level that will be applied will depend on the severity and frequency of the performance problems, among other factors, as discussed further below.

### **III. STANDARD FOR INVOKING THIS POLICY**

The standard for invoking either penalty is whether the applicant's compliance with grant terms and conditions falls **significantly** below average – far below the level to be expected of other grantees, and not minor incident(s) of non-compliance with OCJP policies.

#### **A. Serious Performance Problems That Are Eligible For Consideration**

Types of performance problems that would qualify under this policy include, but are not limited to:

1. Significant failure to account for use of funds, mishandling/misuse of funds, fraud or embezzlement, or other material accounting irregularities or violation(s), as documented in an audit report, monitoring report, police report, or other similar objective documentation;
2. Violation(s) of material statutory requirements related to the grant;



3. A willful or grossly negligent violation of a material OCJP policy, term or condition of the grant, but only after the recipient has been provided:
  - a) technical assistance by OES, including a site visit if necessary, to remedy the violation;
  - b) at least one written notice (per violation); and
  - c) a reasonable opportunity to remedy the violation. Any such notice will be provided to the recipient's executive officer and will specify that failure to remedy the violation may negatively impact the recipient's eligibility for future funding, including disqualification from the next RFP process.

It is not necessary for a criminal conviction to have occurred for OES to consider actions which appear to constitute fraud, embezzlement, mishandling of funds, or other types of statutory violations. OES must only have reliable evidence that this conduct occurred. Moreover, only properly documented performance problems will be considered.

**Occasional minor performance issues (even if continual), such as failure to return phone calls, "hostile" attitudes, personality conflicts, slightly late paperwork, and modest accounting irregularities not rising to the level of mishandling of funds or lack of controls are not subject to this policy.** However, grantees still are expected to comply in all respects with OES' policies, *Grant Recipient Handbook*, and the terms and conditions of their grant; and these minor performance problems will be addressed by the program specialist, monitor, or other means, as appropriate and irrespective of this policy.

## **B. Factors Considered**

In determining an appropriate penalty, factors to be considered include, but are not limited to:

1. The seriousness of the problem(s);
2. Whether the problem or problems identified were intentional;
3. Whether the problem or problems reveal dishonest behavior by the applicant;
4. Whether the interests of the State or the public were harmed by the problem or problems;
5. Whether the problem or problems were a one-time occurrence or represent an ongoing pattern of behavior;
6. Whether the problem has been documented objectively; and
7. Whether OES has attempted to assist the grantee in remedying the problem.

## **C. Specific Examples**

All performance problems should be considered on a case-by-case basis, with the totality of the circumstances to be considered. The following examples are to be used as guidance, and are not intended to be exhaustive, binding, or in any way restrictive of OES' authority to determine the appropriate penalty in any particular case:

1. OES conducts a monitoring visit of Project Z, and makes the following findings:
  - a) the shelter failed to pay overtime on two occasions;
  - b) three timesheets did not contain a supervisor's approval; and
  - c) the project's doors opened at 9:30 a.m. instead of 9:00 a.m. as stated on its RFP application.

A corrective action plan is developed and the project takes steps to implement the monitoring recommendations. A follow-up with the recipient four months later shows that the monitoring findings have been corrected.

**Penalty: None**

2. Project A inadvertently has adopted policies that violate the Americans with Disabilities Act. It operates shelter facilities that “cannot accommodate the handicapped.” It has declined services to disabled persons on this basis. OES and/or the Department of Justice alert the grantee that this policy is illegal. Several months later, the project has not changed its policies. Only after OES notifies the project in writing that future funds may not be awarded based on this violation does the project change its policy.

**Penalty: Level B**

3. During an audit, it is discovered that a year ago an employee of Project V has embezzled \$300 of OES funds. The audit concludes that this occurred in part because of inadequate management controls and supervision by the project. The employee was fired and the case submitted to the district attorney’s office for prosecution. The recipient has implemented new accounting and management policies and procedures, and promises to better supervise its employees. No other problems with the recipient are known.

**Penalty: Level B**

4. Same facts as in example (2), except that the embezzlement has occurred on multiple occasions, totaling \$20,000.

**Penalty: Level A**

5. Same example as in (2), except that the embezzlement was a one-time occurrence in the amount of \$5,000 committed by a member of the project’s management (executive officer, financial officer, administrative officer) and/or board member.

**Penalty: Level A**

6. Project M is habitually late in turning in OES-required progress reports and needs frequent reminders, including repeated letters from OES. The project always complies but is generally viewed as a “pain” to work with because of their frequent tardiness.

**Penalty: None**

7. Project C engages in racial discrimination in the provision of OES-funded services. It continues to deny services to the public on the basis of race, despite repeated letters from OES.

**Penalty: Level A**

8. A Project O supervisor sexually harasses her employee, which conduct does not affect the provision of OES-funded services

**Penalty: None** The appropriate remedy does not involve any OES action.

9. Project Y has agreed to provide victim advocacy services in County X. The project spends \$40,000 on other things and provides no such services, as documented in the monitoring report. However, the project still writes that the services are being provided on its OES reports. OES refers the matter to the district attorney for prosecution, but no additional steps have yet been taken.

**Penalty: Level A**

#### **IV. PROCESS OF INVOKING THIS POLICY**

##### **A. Recommendation Memo**

Prior to the commencement of the rating process, either the branch chief or division chief (who is not part of the rating team) of the branch that is conducting the RFP may request a performance penalty. The branch or division chief must write a memo discussing in detail the performance problems with the applicant. The memo must be reasonably specific and must

identify the basis for invoking a penalty. The memo must be sufficiently supported by dates and details, and recommend the appropriate penalty, either Level A or Level B. This memo, along with all supporting documentation, must be submitted to the Deputy Director of Programs prior to the commencement of the rating process.

Division chiefs and/or the Deputy Director of Programs must reject memos where the problems identified do not rise to the requisite level of seriousness.

The ratings team will begin rating the applications once the memo has been submitted to the Deputy Director of Programs. **Under no circumstances may raters consider past performance issues during the rating process.**

## **B. Final Decision**

If the Deputy Director of Programs agrees, the memo shall be submitted to the Executive Director, who may choose to:

1. impose the recommended penalty;
2. impose a lesser penalty than the recommended penalty; or
3. not to impose any penalty.

**However, under no circumstances may the Executive Director increase the recommended penalty level, or impose any performance penalty without having been recommended to impose one.**

A penalty will be applied only after it has been determined that the applicant has scored within the funding range. If the applicant did not score within the funding range, then no penalty is necessary.

## **V. NOTIFICATION TO THE APPLICANT AND APPEAL OF DECISION**

As with all applicants that are denied funding, a letter regarding the denial will be sent by certified mail to applicants denied funding due to past performance problems. The applicant shall be provided with a summary of why the performance problem penalty was invoked. An applicant is entitled to appeal this denial of funding on the same basis as other appeals of denial of funding, pursuant to the Appeals Guidelines. That is, an applicant may appeal on the basis that the "criteria and priorities" included in the RFP, including this Past Performance Policy, were not followed.